U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 20628	2. Fiscal Year Covered From:			
	[/]/2/1/05 Through: 12/5/05]			
Name and address of person filing.	Name, file number, and address of labor organization.			
Name KENVETH KI FONTENOT	Name TEXAS CORPERTERS & MILLWRIGHT REGISTRAT COUR			
	Labor Organization File Number 025347			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 6/06 TRISH HILL DR	Street 2600 Hamilitus ST			
City Houston	City Houstal			
State TEXAS ZIP Code + 4 77053	State TEXAS ZIP Code + 4 7700 4			
5. Position in labor organization. Business Repersentive Carpenter Local Union 551				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name A/A				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Normath Tantout	On 5/11/ 7/3-659-785/ Date Telephone Number			

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Gode + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Williams & Bailey Law Firm Trade Name, if any: P.O. Box, Bldg., Room No., if any Street BYY Gulf Fleeway City HousTow State Texas ZIP Code + 4 77059	,		
13.b. Is the Business an Employer \(\sum_{1} \) or Consultant \(\sum_{2} \)?	14.b. Amount of payment.		